

# EXHIBIT A

BP-A0291

NOV 12

## FURLOUGH APPLICATION - APPROVAL AND RECORD CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Inmate's Name <b>Cohen, Michael</b>	Register No. <b>86067-054</b>	Institution (address and phone number) FCI OTISVILLE, POST OFFICE BOX 600, OTISVILLE, NY 10963 TEL: 845-386-6700	
<b>APPLICATION</b>			
Purpose of Visit: <b>Non Transfer FURLOUGH</b>	Sentry Assignment: <b>FURL REL...</b>	Date/Time of Departure <b>05/21/20 10:00AM</b>	Date/Time of Return <b>06/20/20 10:00AM</b>
Furlough Address (include name of responsible party if applicable): [REDACTED] <b>Cohen, wife</b>			
Telephone No. (Including area code): [REDACTED]			
Point of Contact for Emergency <b>CAMP ADMINISTRATOR</b>	Method of Transportation <b>PRIVATE AUTO</b>	Detainer/Pending Charges <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Verified by (CSM Staff) <b>Correctional Systems</b>
NOTE TO APPLICANT: You are reminded that should any unusual circumstances arise during the period of your visit, you should notify the institution immediately at telephone: <b>845-386-6700</b>			
<b>UNDERSTANDING</b>			
I understand if approved, I am authorized to be only in the area of destination shown above and at the ordinary stopovers or points on a direct route to or from that destination. I understand that my furlough only extends the limits of my confinement and that I remain in the custody of the Attorney General of the United States. If I fail to remain within the extended limits of this confinement, it shall be deemed as escape from custody of the Attorney General, punishable as provided in Section 751 of Title 18, United States Code. I understand that I may be thoroughly searched upon my return to the institution and that I will be held responsible for any item or illicit material that is found. I have read, or had read to me, and understand that the foregoing conditions govern my furlough, and will abide by them. I have read or had read to me, and I understand the CONDITIONS OF FURLOUGH as set forth on the reverse of this form.			
<b>J. DeLeo</b>  Witness <b>CORRECTIONAL COUNSELOR</b> Title		<b>Cohen, Michael</b>  Signature of Applicant <b>5/21/2020</b> Date Signed	
<b>ADMINISTRATIVE ACTION</b>			
Information verified by: <b>J. DeLeo</b>		Title: Counselor	
Name of USPO Notified: <b>SDNY Michael Fitzpatrick CPO</b>		Date of Notification: <b>04-18-2020</b>	
Does USPO Have Any Objections to Furlough? (If so, explain) <b>SDNY Takes no position</b>			
<b>APPROVAL</b>			
Approval for the above named inmate to leave the Institution on a furlough as outlined is hereby granted in accordance with P.L. 93-209 and the BOP Furlough Program Statement. The period of Furlough is from <b>05/21/2020 10:00AM</b> to <b>06/20/2020 10:00AM</b>		As CMC, I have reviewed the Request for Activity Clearance (404) and the SENTRY CIM Clearance and Separatee Data and I recommend the inmate be approved to participate in this furlough. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Signature of <b>CMC R. Walker</b>	
Chief Executive Officer (Name & Date) - Approval and signature certifies CIMS Clearance <input checked="" type="checkbox"/> Approval <input type="checkbox"/> Disapproval <b>J. Petrucci, Warden</b> Date: <b>5/21/20</b> Reason(s) for disapproval:			
<b>RECORD</b>			
Date/Time Released:		Date/Time Returned:	
Travel Schedule: <b>Depart FCI Otisville on 05-21-2020 / 10:00 AM via private auto - [REDACTED] Cohen (son) [REDACTED] Will return on 06-20-2020 / 10:00 AM. Unless otherwise advised</b>			
Furlough status will be reviewed on an ongoing basis and you will be advised if your furlough is extended. You are required to return to the institution at any time, as instructed by institution staff.			

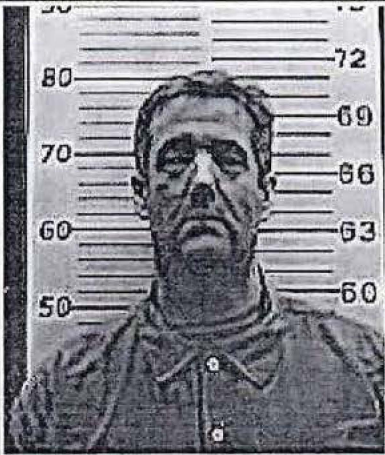

BP-A0385

## AUTHORIZED UNESCORTED COMMITMENTS AND TRANSFERS CDFRM

APR 10

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS AUTHORIZED UNESCORTED COMMITMENTS AND TRANSFERS			
THE PRISONER IDENTIFIED BELOW HAS BEEN AUTHORIZED FOR UNESCORTED COMMITMENT TO YOUR FACILITY.			
AUTHORIZED BY: Signature and Title J. PETRUCCI, WARDEN <i>J. Petrucci</i>		DATE 5/21/20	DOJ MNEMONIC
NAME OF PRISONER COHEN, MICHAEL	REGISTER/DOCKET NO. 86067-054	REPORT DATE	REPORT TO (DOJ MNEMONIC):
 <p>PHOTOGRAPH</p>	<p>DISCHARGE AUTHORITY</p> <p>FINGERPRINT - RIGHT THUMB - FULL ROLL</p>  <p><i>B. Bertel</i> <i>BB</i></p> <p>PRINT NAME &amp; SIGNATURE OF STAFF</p> <p>5/21/2020</p> <p>DATE</p>		<p>RECEIVING AUTHORITY</p> <p>FINGERPRINT - RIGHT THUMB - FULL ROLL</p>          <p>COMPARED AND VERIFIED BY</p> <p>PRINTED NAME &amp; SIGNATURE OF STAFF</p>          <p>DATE</p>

PDF

Prescribed by P5140

REPLACES BP-385.051 DTD JUL 79



Inmate's Photo  
Conditions of Furlough

- (a) An inmate who violates the conditions of a furlough may be considered an escapee under 18 U.S.C. § 4082 or 18 U.S.C. § 751, and may be subject to criminal prosecution and institution disciplinary action.
- (b) A furlough will only be approved if an inmate agrees to the following conditions and understand that, while on furlough, he/she:
- (1) Remains in the legal custody of the U. S. Attorney General, in service of a term of imprisonment;
  - (2) Is subject to prosecution for escape if he/she fails to return to the institution at the designated time;
  - (3) Is subject to institution disciplinary action, arrest, and criminal prosecution for violating and condition(s) of the furlough;
  - (4) May be thoroughly searched and given a urinalysis, breathalyzer, and other comparable test, during the furlough or upon return to the institution, and must pre-authorize the cost of such test(s) if the inmate or family members are paying the other costs of the furlough. The inmate must pre-authorize all testing fee(s) to be withdrawn directly from his/her inmate deposit fund account;
  - (5) Must contact the institution (or United States Probation Officer) in the event of arrest, or any other serious difficulty or illness; and
  - (6) Must comply with any other special instructions given by the institution.

Special Instructions: INMATE HAS BEEN ADVISED AND UNDERSTANDS THAT HE MUST CALL INTO THE INSTITUTION EVERY WEDNESDAY BETWEEN 12:00PM AND 3:00PM TO CHECK IN. 845-386-6854 OR THE INSTITUTIONS MAIN NUMBER 845-386-6700, ASKING FOR CAMP UNIT TEAM IF NO RESPONSE IS RECEIVED ON THE PREVIOUS NUMBER. LEAVING A VOICEMAIL IS NOT ACCEPTABLE. HE FURTHER UNDERSTANDS THAT IF HE FAILS TO MAKE CONTACT WITH THE INSTITUTION, ON THE SPECIFIED DAY AND TIME, HE WILL BE PLACED ON ESCAPE STATUS.

It has been determined that consumption of poppy seeds may cause a positive drug test which may result in disciplinary action. As a condition of my participation in community programs, I will not consume any poppy seeds or items containing poppy seeds.

(Note: Additional conditions may be added to Special Instructions as warranted).

- (c) While on furlough, the inmate must not:
- (1) Violate the laws of any jurisdiction (federal, state, or local);
  - (2) Leave the area of his/her furlough without permission, except for traveling to the furlough destination, and returning to the institution;
  - (3) Purchase, sell, possess, use, consume, or administer any narcotic drugs, marijuana, alcohol, or intoxicants in any form, or frequent any place where such articles are unlawfully sold, dispensed, used, or given away;
  - (4) Use medication that is not prescribed and given to the inmate by the institution medical department or a licensed physician;
  - (5) Have any medical/dental/surgical/psychiatric treatment without the staff's written permission, unless there is an emergency. Upon return to the institution, the inmate must notify institution staff if he/she received any prescribed medication or treatment in the community for an emergency;
  - (6) Possess and firearm or other dangerous weapon;
  - (7) Get married, sign any legal papers, contracts, loan applications, or conduct any business without staff's written permission;
  - (8) Associate with persons having a criminal record or with persons who the inmate knows to be engaged in illegal activities without staff's written permission;
  - (9) Drive a motor vehicle without staff's written permission, which can only be obtained if the inmate has proof of a currently valid driver's license and proof of appropriate insurance; or
  - (10) Return from furlough with anything the inmate did not take out with him/her (for example, clothing, jewelry, or books)

I have read, or had read to me, and I understand the above conditions concerning my furlough and agree to abide by them.

Inmate's signature: Cohen, Michael  Reg. No: 86067-054 Date: 5/21/2020

Signature/printed Name of Staff Witness: J. DeLeo/Correctional Counselor

BP-A0291

JAN 11

**FURLOUGH APPLICATION - APPROVAL AND RECORD** CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Inmate's Name: <b>COHEN, MICHAEL</b>	Register No.: <b>86067-054</b>	Institution (address and phone number): <b>FCI OTISVILLE POST OFFICE BOX 600 OTISVILLE, NY 10963 TEL: 845-386-6700</b>
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**APPLICATION**

Purpose of Visit <b>TRANSFER FURLOUGH</b>	Sentry Assignment <b>FURL TRANS</b>	Date/Time of Departure	Date/Time of Return
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Furlough Address (include name of responsible party if applicable):

Telephone No.

Point of Contact for Emergency: <b>SAME AS ABOVE</b>	Method of Transportation: <b>PRIVATE</b>	Detainer/Pending Charges: <b>NONE</b>	Verified by (CSM Staff): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**NOTE TO APPLICANT:** You are reminded that should any unusual circumstances arise during the period of your visit, you should notify the institution immediately at telephone: **845-386-6700**

**UNDERSTANDING**

I understand that if approved, I am authorized to be only in the area of the destination shown above and at ordinary stopovers or points on a direct route to or from that destination. I understand that my furlough only extends the limits of my confinement and that I remain in the custody of the Attorney General of the United States. If I fail to remain within the extended limits of this confinement, it shall be deemed as escape from the custody of the Attorney General, punishable as provided in Section 751 of Title 18, United States Code. I understand that I may be thoroughly searched upon my return to the institution and that I will be held responsible for any item of contraband or illicit material that is found. I have read or had read to me, and I understand that the foregoing conditions govern my furlough, and will abide by them. I have read or had read to me, and I understand the CONDITIONS OF FURLOUGH as set forth on the reverse of this form.

**V. TAFFURI****COHEN, MICHAEL**

Witness  
**UNIT SECRETARY**

Signature of Applicant

Title

Date Signed

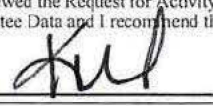
Date Signed

**ADMINISTRATIVE ACTION**

Information Verified by: <b>N. GULLIVER</b>	Title: <b>CASE MANAGER</b>
Name Of USPO Notified: <b>Michael Fitzpatrick, Chief</b>	Date of Notification:
Does USPO Have Any Objections to Furlough?	

**APPROVAL**

Approval for the above named Inmate to leave the Institution on a furlough as outlined is hereby granted in accordance with P.L. 93-209 and the BOP Furlough Program Statement. The period of furlough is  
from \_\_\_\_\_  
to \_\_\_\_\_

As CMC, I have reviewed the Request for Activity Clearance (404) and the SENTRY CIM Clearance and Separate Data and I recommend the inmate be approved to participate in this furlough.  
☒ Yes ☐ No  
Signature of CMC 

Chief Executive Officer (Name &amp; Date) - Approval and signature certifies CIMS Clearance

☒ Approval☐ Disapproval **J. PETRUCCI, WARDEN**

Date:

**5/21/20**

Reason (s) for disapproval:

**RECORD**

Date/Time Released: _____	Date/Time Returned: _____
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Travel Schedule: **DEPART:** \_\_\_\_\_ **ON** \_\_\_\_\_ **VIA PRIVATE**  
**TRANSPORTATION**  
**REPORT TO:**  
**TELEPHONE:**

**YOU ARE TO ARRIVE NO LATER THAN:**



Inmate's Photo

### Conditions of Furlough

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- (b) A furlough will only be approved if an inmate agrees to the following conditions and understands that, while on furlough, he/she:
- (1) Remains in the legal custody of the U.S. Attorney General, in service of a term of Imprisonment;
  - (2) Is subject to prosecution for escape if he/she fails to return to the institution at the designated time;
  - (3) Is subject to institution disciplinary action, arrest, and criminal prosecution for violating any condition(s) of the furlough;
  - (4) May be thoroughly searched and given a urinalysis, breathalyzer, and other comparable test, during the furlough or upon return to the institution, and must pre-authorize the cost of such test(s) if the inmate or family members are paying the other costs of the furlough. The inmate must pre-authorize all testing fee(s) to be withdrawn directly from his/her inmate deposit fund account;
  - (5) Must contact the institution (or United States Probation Officer) in the event of arrest, or any other serious difficulty or illness;
- And
- (6) Must comply with any other special instructions given by the institution.

#### Special Instructions:

It has been determined that the consumption of poppy seeds may cause a positive drug test which may result in disciplinary action. As a condition of my participation in community programs, I will not consume any poppy seeds or items containing poppy seeds  
(Note: Additional conditions may be added to Special Instructions as warranted).

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  - (3) Purchase, sell, possess, use, consume, or administer any narcotic drugs, marijuana, alcohol, or intoxicants in any form, or frequent any place where such articles are unlawfully sold, dispensed, used, or given away;
  - (4) Use medication that is not prescribed and given to the inmate by the institution medical department or a licensed physician;
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  - (6) Possess any firearm or other dangerous weapon;
  - (7) Get married, sign any legal papers, contracts, loan applications, or conduct any business without staff's written permission;
  - (8) Associate with persons having a criminal record or with persons who the inmate knows to be engaged in illegal activities without staff's written permission;
  - (9) Drive a motor vehicle without staff's written permission, which can only be obtained if the inmate has proof of a currently valid drivers license and proof of appropriate insurance; or
  - (10) Return from furlough with anything the inmate did not take out with him/her (for example, clothing, jewelry, or books).

I have read, or had read to me, and I understand the above conditions concerning my furlough and agree to abide by them.

Inmate's Signature: **COHEN, MICHAEL**

Reg. No.: 86067-054 Date: \_\_\_\_\_

Signature/Printed Name of Staff Witness: **V. TAFFURI**